

CITY OF KIRKLAND PUBLIC TREE REMOVAL & PRUNING PERMIT APPLICATION

Permit No. _____

Before filling out this form please review the **TREE REMOVAL INFORMATION GUIDE** or contact the Public Works Department at 425.587.3800.

Adjacent Property Owner /Contact Information (please write legibly)		
Adjacent Property Owner:	phone:	email:
Address:		
Mailing Address (if different)		
Contact Name:	phone:	email:
I certify (or declare) under penalty of perjury under the laws of the State of Washington that the information answered on this form is true and complete to the best of my knowledge. I understand that the City of Kirkland is relying on this information to make its decision. Trees removed illegally may result in the City pursuing monetary penalties and/or restoration under KZC 95.55.		
Adjacent Property Owner Signature _____ (acknowledging and supporting request)		

For removal requests:

Requires a check to the City of Kirkland for the **application fee** and an attached **arborist report** from a qualified professional. Location, species and size of **replacement trees** must be shown on Site Plan.

ARBORIST REPORT: from an individual with relevant education and training in arboriculture or urban forestry, having **two** or more of the following credentials:

- ☐ International Society of Arboriculture (ISA) Certified Arborist
- ☐ Tree Risk Assessor Certification (TRACE) as established by the Pacific Northwest Chapter of ISA
- ☐ American Society of Consulting Arborists (ASCA) registered Consulting Arborist
- ☐ Society of American Foresters (SAF) Certified Forester for Forest Management Plans

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the information answered above is true and complete to the best of my knowledge. I understand that the City of Kirkland is relying on this information to make its decision. Trees removed illegally may result in the City pursuing monetary penalties and/or restoration under KZC 95.55.

Arborist Signature

Arborist Credential #1 ID & Exp Date

Arborist Credential #2 ID & Exp Date

For pruning requests:

The City, upon reviewing the request, may elect to perform the pruning. Otherwise, an ISA-certified arborist is required to perform the pruning of public trees to ANSI A300 Pruning Standards. The arborist will meet with City staff prior to pruning. By signing below the arborist acknowledge the aforementioned requirements:

City Business License #_____
ISA cert. # and expiration date_____
Today's date

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the information answered on this form is true and complete to the best of my knowledge. I understand that the City of Kirkland is relying on this information to make its decision.

Signature of Certified Arborist_____
Print name and company**List trees** to be pruned or removed (back of form)

Tree #	Trunk Size: diameter at 4.5' (dbh)	Common Name or Genus/species	Removal? (yes/no)	Pruning? (yes/no)

FEE: A check to the City of Kirkland for the required application fee.

Attach Site Plan (use Page 3 or attach a screen shot, survey, drawing, etc.)

NOTE: The site plan must identify the approximate location of all tree removals and/or pruning in the right-of-way and the location of replacement trees. This form will not be processed without a completed site plan.

☐ Approved☐ Denied

Staff Initials: _____

Date: ____/____/____

Conditions/Comments: _____

Site Plan